## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/538849

| CLAIMS AS FILED - PART I   |  |   |                                |                               |                     |                               | SMALL ENT  | OTHER THAN             |                            |                     |                        |
|--|--|---|--------------------------------|-------------------------------|---------------------|-------------------------------|------------|------------------------|----------------------------|---------------------|------------------------|
| <u> </u>   |  |   | TYPE                           |                               | OR                  | SMALL E                       | NTITY      |                        |                            |                     |                        |
| U.S. NATIONAL STAGE FEES   |  |   |                                |                               |                     |                               | RATE       | FEE                    |                            | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT.                     | = \$ 150                      | LARGE ENT. = \$ 300 |                               | BASIC FEE  | 150                    | OR                         | BASIC FEE           |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT A<br>(4) = \$50  | /\$ 100                       | \$ 100 / \$ 200     |                               | EXAM. FEE  | 100                    |                            | EXAM. FEE           |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cou | ıntries =                     |                     | her situations = 250 / \$ 500 | SEARCH FEE | 909                    |                            | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | min                            | us 100 =                      | / 50 <del>=</del>   |                               | X \$ 125 = |                        |                            | X \$ 250 =          |                        |
| тот  | AL CHARGEA                                     | BLE CLAIMS                                | mii                            | nus 20 =                      | *                   |                               | X \$ 25 =  |                        | OR                         | X \$ 50 =           |                        |
| INDI   | EPENDENT CL                                    | AIMS                                      | , m                            | inus 3 =                      | *                   |                               | X \$ 100 = |                        | OR                         | X \$ 200 =          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                                |                               |                     |                               | + \$ 180 = |                        | OR                         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                |                               |                     |                               | TOTAL      |                        | OR                         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |                                |                               |                     |                               | SMALL E    | OR                     | OTHER THAN<br>SMALL ENTITY |                     |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA              | RATE       | ADDI-<br>TIONAL<br>FEE |                            | RATE .              | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                          | **                            |                     | =                             | X \$ 25 =  |                        | OR                         | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus                          | ***                           |                     | =                             | X \$ 100 = |                        | OR                         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                               |                     |                               | + \$ 180 = |                        | OR                         | + \$ 360 =          |                        |
| TOTAL ADDIT. OR TOTAL ADD FEE FEE  |  |   |                                |                               |                     |                               |            |                        |                            | TOTAL ADDIT.<br>FEE |                        |
|  | •  | (Column 1)                                |                                | (Colur                        | nn 2)               | (Column 3)                    |            |                        |                            |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA              | RATE       | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                          | **                            |                     | Ė                             | X \$ 25 =  |                        | OR                         | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus                          | ***                           |                     | =                             | X \$ 100 = |                        | OR                         | X \$ 200 =          |                        |
| -  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                               |                     |                               | + \$ 180 = |                        | OR                         | + \$ 360 =          | ,                      |
| TOTAL ADDIT. FEE   |  |   |                                |                               |                     |                               |            |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". |  |   |                                |                               |                     |                               |            |                        |                            |                     |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.